2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 8:00 am Secretary of State **DOCUMENT # \$84411** 1. Entity Name BIG EASY CAJUN AT CINCINNATI, INC. 01-21-2000 90050 031 ***150.00 Principal Place of Business Mailing Address 7411 FULLERTON ST 28 W. 4TH STREET UAUIV STE 204 SUITE 111 JACKSONVILEL FL 32256-3629 CINCINNATI OH 45202 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3096338 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required Kung-Po Yen 6. Name and Address of Current Registered Agent 7411-Fullerton-St., Ste. 204 DRAUGHON, RICHARD SCOTT Jacksonville, FL 32256 200 W. FORSYTH ST - STE 1730 JACKSONVILLE FL 32202 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. PRESIDENT SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE t and title if applicable Signature, typed or printed nan FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE Delete TITLE YEN, KUNG-PO NAME NAME STREET ADDRESS 10300 SOUTHSIDE S-305 STREET ADDRESS JACKSONVILLE FL 32256 City-St-7iP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE YEN, KUNG-TI NAME NAME 10300 SOUTHSIDE S-305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-7(P Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. PRESIDEN

SIGNATURE:

IGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR